

MLLL
Concur & Travel Pre-Authorization Request

PAPERLESS: Do NOT print.

Please email with the subject line "Pre-Authorization" to:
dylan.herrick@ou.edu, ntobin@ou.edu, tperez@ou.edu 30 days prior to
your travel start date.

1) Personal

2) Business

3) Traveler Name: _____ Section: _____

4) Destination: _____

5) Expected departure date & time: _____

6) Expected return date & time: _____

7) Purpose of trip:

8) Who will handle your responsibilities in your absence?

9) How can you be reached during this time, including University non-working hours?

10) To be completed only for out-of-state travel while on business.

Accounts expected to be charged: _____

Estimated travel expenses:

| | |
|--|-----------------|
| Airfare: | \$ _____ |
| Public Transportation: | \$ _____ |
| Per Diem: | \$ _____ |
| Lodging: | \$ _____ |
| Registration: | \$ _____ |
| Mileage: ___ miles @ \$___/mile = \$ _____ | |
| Local Transportation: | \$ _____ |
| Parking: | \$ _____ |
| Other: _____ | \$ _____ |
| Other: _____ | \$ _____ |
| Total estimated cost: | \$ _____ |